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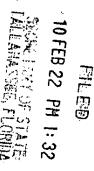
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COVER LETTER

Division of Corporations
SUBJECT: TENCON BEACH ASSOCIATION, INC. Name of Corporation
14anc of Corporation
DOCUMENT NUMBER: 744246
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
THOMONE BEAUTH ASSOCIATION TWO
TENCON BEACH ASSOCIATION, FIVE.
1511 GULF OF MEXICO DRIVE, 5-N
LONGBOAT KEY FL 34228 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (8/0) 444-2457 Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: TENCON BEACH ASSOCIATION, INC.
2. The principal office address: 15/1 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228
3. The mailing address (if different):
4. Date of incorporation/qualification: SPIENDER 12, 1978 Document number: 744246
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
JAMES L. RITCHEY
200 SOUTH CRANGE AVENUE
200 SOUTH ORANGE AVENUE SARASOTA, FL 34236 20 Told Told Told Told Told Told Told Told
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CHAD M. MCCLENATHEN 3
1820 RINGLING BOULEVARD P.O. Box NOT acceptable
SARASOTA, FLORIDA 34236
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
June Haley SECRETARY Signature of an office or director Frinted or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
2/17/10
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

* * * FILING FEE: \$35.00 * * *